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Paralegal/ National Stage Division

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<input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> PCT/IPEA/409 IPER was NOT AVAILABLE at the time of paralegal review	<input checked="" type="checkbox"/> PCT/ISA/210 - Search Report : <input checked="" type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE
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RECEIPTS FROM THE APPLICANT (*other than checked above*) :

<input checked="" type="checkbox"/> Basic National Fee (<i>or authorization to charge</i>)	<input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on : 1. _____ 2. _____ 3. _____
<input checked="" type="checkbox"/> Description <input type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract	<input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on : 1. _____ 2. _____ 3. _____
<input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>8</u>)	<input checked="" type="checkbox"/> Assignment Document (forwarded to Assignment Branch) : 1. _____
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<input type="checkbox"/> Annexes to 409 <input type="checkbox"/> entered <input type="checkbox"/> not entered : <input type="checkbox"/> not a page for page substitution <input type="checkbox"/> no translation <input type="checkbox"/> other : _____	<input type="checkbox"/> Substitute Specification Filed on : 1. _____ 2. _____
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Verified Small Status Statement : 1. _____
<input checked="" type="checkbox"/> Power of Attorney/ Change of Address	<input checked="" type="checkbox"/> Oath/ Declaration (executed) : <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing
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12 Jun 06

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements

Date of Completion of DO/ EO 903 - Notification of Acceptance

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Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent

Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

Date of Completion of DO/ EO 923